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| Under the Par   | erwork Reduction Act of   | 1995, no person are     | required to    | respond to a collectio               | n of information | n uniess it displays     | a valid OMB    | control number. |  |
|---|---------------------------|-------------------------|----------------|--------------------------------------|------------------|--------------------------|----------------|-----------------|--|
|   | Effective on 12/08/       | Complete if Known       |                |                                      |                  |                          |                |                 |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007   |                           |                         |                | _                                    |                  | 0/028,433-Conf. #4398    |                |                 |  |
|   |                           |                         |                | <u> </u>                             |                  | December 28, 2001        |                |                 |  |
|   |                           |                         |                |                                      |                  | Young-Sang BYUN          |                |                 |  |
|   |                           |                         |                |                                      |                  | T. V. Duong              |                |                 |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                           |                         |                | 7.01.01.11                           |                  | 2871                     |                |                 |  |
| TOTAL AMOUNT OF PAYMENT (\$) 910.00   |                           |                         | )              | Attorney Docket No. 3                |                  | 430-0175P                |                |                 |  |
| METHOD OF PAYMENT (check all that apply)  |                           |                         |                |                                      |                  |                          |                |                 |  |
| Check Credit Card Money Order Other (please identify):  |                           |                         |                |                                      |                  |                          |                |                 |  |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch,  |                           |                         |                |                                      |                  |                          |                |                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                           |                         |                |                                      |                  |                          |                |                 |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                           |                         |                |                                      |                  |                          |                |                 |  |
| X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                           |                         |                |                                      |                  |                          |                |                 |  |
| FEE CALCULATION   |                           |                         |                |                                      |                  |                          |                |                 |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                           |                         |                |                                      |                  |                          |                |                 |  |
|   | FI                        | LING FEES               | SE             | ARCH FEES                            | EXAMINA          | ATION FEES               |                |                 |  |
| Application Ty  | pe <u>Fee (\$</u>         | Small Entity Fee (\$)   | Fee (\$        | Small Entity ) Fee (\$)              | Fee (\$)         | Small Entity<br>Fee (\$) | Fees F         | aid (\$)        |  |
| Utility   | 300                       | 150                     | 500            | 250                                  | 200              | 100                      |                |                 |  |
| Design  | 200                       | 100                     | 100            | 50                                   | 130              | 65                       |                |                 |  |
| Plant   | 200                       | 100                     | 300            | 150                                  | 160              | 80                       | -              |                 |  |
| Reissue   | 300                       | 150                     | 500            | 250                                  | 600              | 300                      |                |                 |  |
| Provisional   | 200                       | 100                     | 0              | 0                                    | 0                | 0                        |                |                 |  |
| 2. EXCESS CLA   |                           |                         |                |                                      | -                | •                        |                | Small Entity    |  |
| Fee Description Fee (\$)  |                           |                         |                |                                      |                  |                          |                |                 |  |
| Each claim over 20 (including Reissues) 50 25   |                           |                         |                |                                      |                  |                          |                |                 |  |
| Each independent claim over 3 (including Reissues) 200  |                           |                         |                |                                      |                  |                          |                | 100             |  |
| Multiple dependent claims 360 180   |                           |                         |                |                                      |                  |                          | 180            |                 |  |
| Total Claims  |                           |                         | Paid (\$)      | Multiple Dependent Claims            |                  |                          |                |                 |  |
| 20 - 20   |                           | k =                     |                |                                      | Fee              | <u>(\$)</u> <u>F</u>     | ee Paid (\$    | 1               |  |
| HP = highest number of total claims paid for, if greater than 20.   |                           |                         |                |                                      |                  |                          |                |                 |  |
| Indep. Claims Extra Claims  |                           | Fee (\$)                | Fee F          | aid (\$)                             |                  |                          |                |                 |  |
|   | <u> </u>                  | ·                       |                |                                      |                  |                          |                |                 |  |
| _   | per of independent claims | paid for, if greater th | an 3.          |                                      |                  |                          |                |                 |  |
| 3. APPLICATION SIZE FEE   |                           |                         |                |                                      |                  |                          |                |                 |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                           |                         |                |                                      |                  |                          |                |                 |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                           |                         |                |                                      |                  |                          |                |                 |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                           |                         |                |                                      |                  |                          |                |                 |  |
| - 100 = /50 = (round up to a whole number) x =  |                           |                         |                |                                      |                  |                          |                |                 |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                           |                         |                |                                      |                  |                          |                |                 |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                           |                         |                |                                      |                  |                          |                |                 |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1251 Extension for response within first month 120.00  |                           |                         |                |                                      |                  |                          |                |                 |  |
|   | - 0,                      | 1251 Extension          | on for res     | sponse within fir                    | st month         |                          | 12             | 0.00            |  |
| SUBMITTED BY  |                           |                         |                |                                      |                  |                          |                | ]               |  |
| Signature   | 2 stter                   | Chos                    | 0              | Registration No.<br>(Attorney/Agent) | 40,953           | Telephone                | (703) 205-8000 |                 |  |
| Name (Print/Type)   | Esther H. Chong           |                         | $\overline{x}$ |                                      |                  | Date                     | July 12, 2007  |                 |  |

EHC/GH/cl